METHODS: This cross-sectional study was conducted in the UK, France (FR), and Germany (DE), with data collected via a representative European online volunteer/opt-in panel (called "MRops"). A 34-minute survey was fielded to 500 subjects with T2DM who were currently receiving pharmacotherapy in each country (n = 1500) from December 2007 to January 2008. Survey items asked about weight, concerns about weight and health, and health-related well-being and function as assessed by the SF-12® Health Survey. **RESULTS:** Based on self-reported height and weight, 85% (UK), 71% (FR), and 86% (DE) were overweight or obese. Weight was noted as the most important current health concern by 19% (UK), 19% (FR), and 21% (DE). Not all respondents (88% (UK), 79% (FR), 82% (DE)) indicated a desire to lose weight. More subjects with T2DM in DE were "very much" distressed (27%) by their weight than subjects in UK and FR (both 18%). However, the percentage who were "very much" worried about their health because of their weight (UK [20%], FR [14%], DE [21%]) and "very much" embarrassed by their weight (UK [12%] FR [16%] DE [11%]) was similar across countries. Health-related well-being and function, as assessed by the SF-12®, was worse across all domains in those with higher body mass index (BMI) and those with greater weight-related distress, worry, and embarrassment. **CONCLUSIONS:** Results indicate that elevated BMI and perceptions about weight affect health-related well-being and function as assessed by the SF-12®. Therapeutic options that help people with T2DM to lose weight may have a positive impact on patient lives.

PDB76

HEALTH RELATED QUALITY OF LIFE OF TYPE 2 DIABETES MELLITUS PATIENTS IN THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM: FIRST RESULTS OF DIAPS79 STUDY

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BACKGROUND: Health-related quality of life (HRQoL) is a multidimensional concept that provides insight regarding the impact of a disease from the patient's perspective and yield an important health outcome to evaluate treatment interventions and quality of health care. **OBJECTIVES:** The goal of this study is to reveal HRQoL of type 2 diabetes mellitus (T2DM) patients treated in the Brazilian private health care system. **METHODS:** A generic instrument to assess health status (EuroQol—EQ-5D), commonly used in diabetic patients worldwide, was applied in 383 outpatients with T2DM from five cities (Fortaleza, Porto Alegre, Rio de Janeiro, Ribeirão Preto e São Paulo). Euroqol uses five dimensions to describe HRQoL states (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) and a visual analogue scale (VAS) recorded by the patient and was measured during only one time during the visit to the physician. **RESULTS:** The group was composed of 201 women and 182 men, aged 60.5 ± 9.6 years, mean BMI 29.1 kg/m2 and mean duration of diabetes of 12.2 ± 8.75 years. For the entire group, mean EQ VAS score was 75.15 ± 16.72, 24.5% reported some problems with mobility, 4.2% with self-care, 17.5% problems in their usual activities, 44.9% any pain/discomfort and 45.2% anxiety/depression. Mean EQ VAS score decreased as diabetes duration increased (78.19 < 9 years vs. 73.26 > 19 years of disease; $P = 0.05$). The patients without micro and macrovascular complications (41.5%) had a higher VAS compared to those with these complications (18%) (VAS 77.5 vs. 70.19; $P = 0.002$). Retinopathy (VAS = 68.13) and heart failure (VAS = 67.05) were conditions associated with lower EQ VAS scores. Regarding the type of treatment, VAS was lower in insulin-treated patients compared to oral agents users (VAS = 76.59 vs. 71.54; $P = 0{,}00004$). **CONCLUSIONS:** A longer duration of diabetes, the presence of chronic complications and the use of insulin showed a negative impact on T2DM patient's HRQoL.

PDB77

QUALITY OF TREATMENT OF DIABETES MELLITUS TYPE 2 IN THE CZECH REPUBLIC

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OBJECTIVES: Aim of this study was to evaluate the quality of medical treatment of diabetes patients and its trends in the Czech Republic and to compare the findings with the international research. Based on IDF prevalence of diabetes was 9,7% in 2007 and is expected to rise to 11,7% in 2025. **METHODS:** Data were extracted from Czech cross-sectional studies from 2002 and 2007 and from European-based studies. Follow-up of short term parameters of quality of health care (HbA1c, BMI, blood pressure, lipids, treatment algorithms) which help to predict long-term incidence of complications. Frequency of microvascular and macrovascular complications was also assessed and the data were compared to statistics of the Czech Institute for Health Information and Statistics. **RESULTS:** Concerning short-term parameters there is wide variation accross European countries. We have not found significant differences between CR and selected European countries although there is insufficient evidence in revealing end-point values, e.g. HbA1c (7,7% in CR vs. 7,8% in Great Britain), BMI (29,9 in CR vs. 28,7 CODE-2 study) and reaching of target HbA1c values (36–42% in CR vs. 36% in CODE-2). 74% of Czech patients compared with 50% European patients are treated with metformin. Percentage of patients using antihypertention drugs (83%) and hypolipidemics (63%) is similar in CR and the European average. The diabetic patients are reaching the tagret therapeutic values only in minority of cases (31% in systolic blood pressure, 27% in total cholesterol and in 36% of HbA1c). There is high prevalence of diabetic macrovascular and microvascular complications (CHD = 49%, stroke = 9,3%, nephropathy = 28,3%, retinopathy = 25%, diabetic foot = 4,6%). **CONCLUSIONS:** This comparative analysis is the first example of systematic evaluation of the quality of health care concerning diabetes patients in CR. The future objective is to set proper quality indicators and follow them on continuous basis.

DIABETES/ENDOCRINE DISORDERS – Health Care Use & Policy Studies

PDB78

WILLINGNESS-TO-PAY FOR DIABETES DRUG THERAPY BASED ON META-ANALYSIS RESULTS

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OBJECTIVES: This study aimed to investigate in people with type 2 diabetes (T2D) the relative willingness-to-pay (WTP) for different diabetes drug therapies based on outcomes of clinical trials with liraglutide. **METHODS:** WTP for diabetes drug therapy of people with T2D was assessed by combining results from a meta-analysis of liraglutide compared with other diabetes drug therapies in the liraglutide clinical development program (LEAD) and a survey on WTP for important aspects of diabetes medication in people with T2D. a meta-analysis of six randomised trials with 3967 subjects in the LEAD program compared efficacy and safety of liraglutide, a once-daily human glucagon-like peptide-1 (GLP-1) analogue, vs. rosiglitazone, glimepiride, insulin glargine, and exenatide. The WTP survey had 461 participants with T2D from Sweden and used a discrete choice experiment methodology to evaluate convenience and clinical effects of treatments in T2D. Results were converted from SEK to € (10.14 SEK/€). **RESULTS:** Combining meta-analysis and WTP results revealed that people with T2D preferred liraglutide to all comparators. They were willing to pay an extra €2.49/day for liraglutide 1.2 mg compared with rosiglitazone, €1.82/day compared to glimepiride, €3.17/day compared to insulin glargine, and €0.74/day compared to exenatide. For the comparisons with rosiglitazone, glimepiride and insulin glargine, the largest component was based on the additional weight improvements with liraglutide. Compared to exenatide, the largest component of preference was administration of the drug. **CONCLUSIONS:** WTP for liraglutide by people with T2D was noticeably higher compared to other standard therapies based on the clinical results from the meta-analysis. Primary drivers were weight decrease (compared to rosiglitazone, glimepiride and insulin glargine) and administration (compared to exenatide). In total, people were willing to pay up to €3.17/day more to use liraglutide 1.2 mg rather than use other glucose lowering treatments.

PDB79

DURATION OF FIRST INSULIN THERAPY IN PREVIOUSLY UNCONTROLLED TYPE 2 DIABETES: COMPARISON OF INSULINS GLARGINE, DETEMIR AND NPH AND ASSOCIATION WITH GLYCEMIC CONTROL

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OBJECTIVES: The duration of treatment with NPH, as a first insulin medication in type 2 diabetes is reported to be shorter than that of insulin glargine, with comparisons of glargine and insulin detemir inconsistent. We investigated whether differences remained after adjustment for potential confounders, including baseline HbA_{1c}, and which factors are associated with longer duration of use of first insulin. **METHODS:** People on two or three oral glucose-lowering agents (OGLA) with poor glycaemic control who started long-term insulin treatment (2000–2007) were grouped by insulin type, NPH, glargine or detemir, and followed until a prescription for a different insulin or a GLP-1 mimetic. Time to treatment change was compared between groups in a Cox model adjusting for baseline characteristics: HbA_{1c}, age, sex, year, time from diagnosis, concomitant OGLA, glomerular filtration rate, cardio- and micro-vascular medical history and cardiovascular risk factors. The association of this duration with baseline characteristics and mean treatment HbA_{1c} was investigated by univariate analyses. All data came from THIN database of electronic UK primary care records. **RESULTS:** The analysis included 1044 people started on glargine therapy; 187 on detemir and 453 on NPH. Compared to glargine the adjusted hazard ratios for time to treatment change were 1.78 (95%CI 1.43, 2.20) for detemir and 1.52 (1.29, 1.80) for NPH. Lower mean HbA_{1c} with any insulin type was associated with longer time to change of regimen (Spearman rank correlation coefficient –0.30, $P < 0.001$). No concomitant OGLA use, increasing age and time from diagnosis, decreasing BMI and baseline HbA_{1c} and heart failure were also associated with longer first insulin duration. **CONCLUSIONS:** People who commenced insulin treatment with glargine remained on their initial insulin for longer than those who initiated detemir or NPH after adjustment for potential confounders. Better glycaemic control resulted in a longer time to change of insulin.